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REVIEW OF PERFORMANCE ASSESSMENT TOOLS USED BY HEALTH CARE ORGANIZATIONS IN LOW RESOURCE SETTING COUNTRIES

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ABSTRACT

The purpose of this paper is to review tools that assess the performance of public/private health departments/organizations to respond to health needs of people. The methodology is based on identifying and developing matrix of composite attributes of organizational performance assessment tools based on the work of various frameworks of measuring capacity/performance of organizations. The composite attribute developed consists of 19 parameters (methodology, self/external, single/multiple instruments, administrative and legal environment, socio-cultural political and advocacy environment, mission and values, leadership, strategic management, organizational structure, infrastructure, human resources and financial resources, human resource management, financial management, monitoring and evaluation systems, logistics and supply system, external relations/collaborations, sector wise strategy, quality assurance, organizational learning, responsiveness to client/service delivery) that are vital for measuring the performance of organization to yield better health outputs and outcomes. Twenty three organizational assessment tools were reviewed. HR Management, Human Resources, Financial Management, Strategic Management, External Coordination and Service delivery are the composite attributes most commonly used in the assessment tools. Logistics and supply management, quality assurance, monitoring and evaluation, infrastructure, external factors, mission and values are the least preferred attributes in the tools reviewed. The majority of the 23 tools reviewed employ several data collection instruments. Nearly half of them used a combination of qualitative and quantitative methods. Half of the tools reviewed are applied through self-assessment techniques The scope of the assessment and the resources available will strongly influence the selection of tools and instruments to be used during the assessment. The composite attributes designed in the study would facilitate organizations in selecting the organizational assessment tools as per their local needs and requirements. Differences in the design, content and management of organizational systems translate into the differences in a range of socially valued outcomes, such as health, responsiveness, or fairness. Decision makers at all levels need to quantify the variation in organizational system performance, identify factors that influence it and articulate policies that will achieve better results in a variety of settings. Meaningful, comparable information on organizational system performance, and on key factors that explain performance variation, can strengthen the scientific foundations of health policy at organizational levels.

KEYWORDS
Capacity Building; Management; Organizational Effectiveness and Efficiency; Organizational Performance Assessment.

INTRODUCTION

rganizing of people for achieving common goals and utilizing management principles have been a phenomenon known for centuries, its development and changes running parallel with human society. Donor organizations are increasingly focused on the problems inherent in supporting sustainable health systems, requiring greater attention to building capacity within those systems. Despite this increased attention to capacity building, there is still little consensus on the role it plays in improving performance, or on approaches to measuring the effectiveness of capacity building interventions. The notion of capacity assessment and capacity development has historically been blurry and unclearly defined. It is difficult to appropriately assess something when what is being measured is unknown. The literature presents a variety of different viewpoints regarding this lack of clarity and elucidates different ways to refine the theory behind capacity development and its assessment.

Samuel Paul (Paul (1995), in his seminal paper, established that past development efforts had been unsuccessful because of their lack of attention to the human and institutional capabilities of the countries involved. Donors were, and are, more interested in capital investments and structural capacity, but Paul noted that capital and structures will not be efficient unless matching human and institutional capabilities exist; trained personnel will only be utilized to their maximum potential in organizational settings that are well developed.

Christopher Potter and Richard Brough (Potter and Brough, 2004) further developed Paul's framework. The authors noted the widespread frustration with the now clichéd jargon of capacity development and assessment. Different stakeholders employ different conceptual definitions, thereby creating diverging expectations regarding action plans, goals, and timelines for achieving said goals. To avoid this, capacity assessment should focus on the capacity for program execution independent of changes of personalities, technologies, social structures and resources crises, thus implying the development of a sustainable and robust system," with assessment being the measurement of a system as such.

OECD (OECD 2006), in their document on capacity development, again recognized the continuing blurriness of the concept's definition. In response to the need for a concrete meaning, capacity was then defined as the "ability of people, organizations and society as a whole to manage their affairs successfully." Three analytical levels are employed in this definition: individual, organizational, and the enabling environment.

UNDP (UNDP, 2006) adopts a stand conceptually similar to the OECD framework. Their definition of capacity is "the ability of individuals, institutions, and societies to perform functions, solve problems and set and achieve objectives in a sustainable manner." UNDP used the same three analytical levels as OECD, but they further divided the levels into types of cross-cutting functional capacities to measure, which are the ability to: engage in multi-stakeholder dialogues; analyze a situation and create a vision; formulate policy and strategy; budget, manage and implement; and to monitor and evaluate.

DFID's Source Book, (DFID, 2006) describes the key tools used in institutional development and assessment. It covers analysis and diagnosis of the overall institutional framework, review and design of the assessment and subsequent intervention, and also describes implementation strategies for change. The McKinsey Capacity Assessment Grid (McKinsey, 2003), designed specifically for NGOs and nonprofits to assess their organizational capacity, which includes many sample assessment questions.

With the growing importance that has been attached to institutional and capacity development over the past few years, development practitioners have started to develop and apply a range of conceptual frameworks and practical tools to assist in the formulation and implementation of projects and programmes, and to ensure that adequate account is taken of capacity development issues. Such tools and instruments need to be practical, flexible and 'user-friendly', and their use

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needs to be accompanied by sound judgment and common sense. The ultimate test of their utility is whether they can assist practitioners and stakeholders in sorting out complex issues, and facilitating decision-making and action planning.

The purpose of this paper is to review tools that assess the performance of public/private health departments/organizations to respond to health needs of people. Capacity building is now one of the most frequently invoked of current development concepts and yet it continues to defy a shared definition of what it means in practice. Is it possible that capacity building demands such a radically new form of practice, such a radically new form of thinking, that our current approaches are doomed to failure, not because we lack adequate models or 'technologies', but because our very approach to the issue is inadequate? Arguing that conventional performance-building initiatives have tended to focus on the material and tangible aspects of the capacity of an organization and its people to be critically self-aware, the review outlines some fundamental shifts which would be both entailed and generated by concentrating on the practice of the development practitioner in relation to organizational development, rather than focusing on external appearances or rushing to the training manuals.

METHODOLOGY

The methodology is based on identifying and developing matrix of composite attributes of organizational assessment tools based on the work of various frameworks of measuring capacity/performance of organizations. There are a number of tools available to assess and discuss the capacity of an organization. Organizational assessment tools mainly used in last one and half decade were considered for the review. Twenty-three organizational assessment tools valid in low resources setting countries based on consultation with experts and literature review were finally selected for the assessment. {Table 1}

TABLE 1: ASSESSMENT TOOLS

S.No.	Organizational Assessment Tools
1	Assessing Institutional Capacity in Health Communication: 5Cs Approach, John Hopkins University
2	Community-Based Distribution Interview Guide: A Gems Management Tool, Family Planning Management Development Project (FPMD)
3	Decision Oriented Organization Self Assessment (DOSA), PACT & USAID)
4	Enhancing Organizational Performance: A toolbox for self assessment, International Development Resource Center (IDRC)
5	Systematic Approach Scale (SAS), PASCA/USAID
6	Integrated Health Facility Assessment (IHFA), BASICS USAID
7	Management and Organizational Sustainability Tools (MOST), MSH
8	Participatory Results Oriented Self Evaluation (PROSE), Education Development Center and PACT
9	The Manager: Capacity Assessment Toolkit Series, FPMD/FHI/MSH
10	Institutional Assessment Instrument (IAI), World Learning Project Inc.
11	REACH 2010, Giles, WH et al 2004
12	OCAT: Organization Capacity Assessment Tools by PACT
13	Community Participitation Assessment Tools, Karen Lehman, 1999
14	Facilitative Evaluation Approaches, Action Evaluation Research Institute
15	MEASURE Framework for capacity measurement
16	FOCUS, BRAC/USAID
17	Institutional Self Reliance (ISR), Jerry Vansant Research Triangle Institute
18	Training and Technical Assistance Plan (TTAP), Counterpart International 1999
19	Institutional Strength Assessment (ISA)USAID/PVC
20	Institutional Development Framework, MSI
21	Organizational Capacity Indicator (OCI), CRWRC
22	Fisher, 1997
23	NGO Sustainability Index, USAID

REVIEW

Capacity is defined as "the ability to carry out stated objectives." In the literature, it is described as a process and an outcome. Capacity develops in stages and is multidimensional. In the health sector, for example, capacity is required at four levels: health system, organization, health personnel, and individual/community. Common to all characterizations of capacity is the assumption that capacity is linked to performance. Nevertheless, understanding capacity measurement is hindered by 1) a lack of common understanding of the nature of the relationship between capacity and performance; 2) variation in what constitutes "adequate" performance; and 3) the influence of the external environment on capacity and performance.

Numerous frameworks for describing or assessing the institutional capacity of development organizations are in development and use. Fortunately there is a great deal of similarity in these frameworks, reflecting the fact that there is a well-developed emerging consensus on the attributes that make for effective and sustainable institutions. Where frameworks differ is in emphasis, semantics, and in the way certain attributes are defined or clustered. "Governance," for example, can refer to the relatively narrow issue of an organizations legal (governing) structure or it can be a category encompassing the organization's culture, mission and values. "Management" can be used to refer rather narrowly to management systems and procedures or be used in the much broader sense of strategy and leadership. "Strategic Management" can include factors of governance and a sense of vision or mission.

In discussion with public health professionals and review of various frameworks used for assessing capacity/performance of organization, this paper focuses on 19 composite attributes as follows: Assessment Approach (methodology, self/external, single/multiple instruments), External Factors (administrative and legal environment, socio-cultural political and advocacy environment), Governance (mission and values, leadership, strategic management), Inputs (organizational structure, infrastructure, human resources and financial resources) and Processes (human resource management, financial management, monitoring and evaluation systems, logistics and supply system, external relations/collaborations, sector wise strategy, quality assurance, organizational learning, responsiveness to client/service delivery). The review outlines the elements of capacity that are critical at organizational level, and breaks down these components into assessment level, external factors, inputs and processes.

The review does not capture the outputs and outcomes envisaged in various frameworks. The review could serve as a starting point for determining critical elements in selecting capacity assessment tools and finally guide planners in developing a strategy for monitoring and evaluating the effect of capacity building activities. Existing indicators to measure the effects of tools on capacity building in health and population programs vary enormously.

The matrix below provides a composite set of attributes that are taken in consideration while assessing the capacity assessment tools.

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FIGURE 1: MANAGEMENT ATTRIBUTES AND ASSESSMENT TOOLS

S.No	Organizational Assessment Tools	Methodology (Quantitative (Qty)/ Qualitative (QLTY))	Self/External Assessment	Single/Multiple Instruments	Administrative and Legal Environment	Socio Cultural, Political and Advocacy Environment	Mission and Values	Leadership	Strategic Management	Organizational Structure	Infrastructure	Human Resources	Financial Resources	HR Management	Financial Management	Monitoring and Evaluation Systems	Logistics and Supply System	External Collaboration/ coordination	Sector wise strategy	Quality Assurance/Control	Responsiveness to Client/Service Delivery	Organizational Learnings
1	Assessing Institutional Capacity in Health Communication: SC's Approach, John Hopkins University	Qty	Both	Multiple	Yes	Yes			Yes							Yes		Yes	Yes	Yes	Yes	Yes
2	Community-Based Distribution Interview Guide: A Gems Management Tool, Family Planning Management Development Project (FPMD)	Both	Self	Multiple										Yes							Yes	
3	Decision Oriented Organization Self Assessment (DOSA), PACT & USAID)	Both	Self	Multiple					Yes					Yes	Yes			Yes			Yes	
4	Enhancing Organizational Performance: A toolbox for self assessment, International Development Resource Center (IDRC)	Both	Both	Multiple	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes				
5	Systematic Approach Scale (SAS), PASCA/USAID	Qty	Both	Single	Yes	Yes			Yes					Yes							Yes	Yes
6	Integrated Health Facility Assessment (IHFA), BASICS USAID	Qty	External	Multiple					Yes			Yes	Yes	Yes	Yes	Yes		Yes			Yes	Yes
7	Management and Organizational Sustainability Tools (MOST), MSH	Qty	Self	Single			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes
8	Participatory Results Oriented Self Evaluation (PROSE), Education Development Center and PACT	Both	Self	Single					Yes					Yes	Yes			Yes				Yes
9	The Manager: Capacity Assessment Toolkit Series, FPMD/PHI/MSH	Qty	Self	Multiple				Yes	Yes					Yes	Yes							
10	Institutional Assessment Instrument (IAI), World Learning Project Inc.	Both	External	Multiple				Yes		Yes		Yes		Yes		Yes					Yes	
11	REACH 2010, Giles, WH et al 2004	Both	Self	Multiple	Yes	Yes		Yes		Yes		Yes		Yes		Yes		Yes			Yes	
12	OCAT: Organization Capacity Assessment Tools by PACT	Both	Both	Multiple	Yes							Yes	Yes	Yes	Yes			Yes			Yes	
13	Community Participation Assessment Tools, Karen Lehman, 1999	Qty	Self	Single				Yes		Yes				Yes	Yes						Yes	
14	Facilitative Evaluation Approaches, Action Evaluation Research Institute	Qty	Both	Multiple					Yes	Yes		Yes		Yes				Yes			Yes	
15	MEASURE Framework for capacity measurement	Qty	Self	Multiple								Yes	Yes	Yes	Yes							
16	FOCUS, BRAC/USAID	Qty	Self	Multiple						Yes		Yes		Yes							Yes	
17	Institutional Self Reliance (ISR), Jerry Vansant Research Triangle Institute	Both	Both	Multiple			Yes					Yes	Yes	Yes	Yes			Yes				
18	Training and Technical Assistance Plan (TTAP), Counterpart International 1999	Qty	Both	Multiple			Yes	Yes				Yes	Yes	Yes	Yes			Yes			Yes	
19	Institutional Strength Assessment (ISA)USAID/PVC	Both	Self	Multiple					Yes			Yes	Yes	Yes	Yes						Yes	Yes
20	Institutional Development Framework, MSI	Both	Both	Multiple			Yes					Yes	Yes	Yes	Yes			Yes				
21	Organizational Capacity Indicator (OCI), CRWRC	Both	Self	Multiple	Yes			Yes				Yes		Yes			Yes					Yes
22	Fisher, 1997	Qty	Both	Multiple	Yes	Yes						Yes	Yes	Yes	Yes							
23	NGO Sustainability Index, USAID	Both	Both	Multiple	Yes	Yes						Yes	Yes	Yes	Yes					Yes	

CONCLUSION

Capacity assessment tools designed to assess organizational performance are reviewed in the paper. The majority of the 23 tools reviewed employ several data collection instruments. Nearly half of them used a combination of qualitative and quantitative methods, four used quantitative method and seven used qualitative methods. Half of the tools are applied through self-assessment techniques, while nine tools use a combination of self and external assessment and two tools use external assessment. Self-assessment tools can lead to greater ownership of the results and a greater likelihood that capacity improves. However,

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many such techniques measure perceptions of capacity, and thus may be of limited reliability if used over time. The use of a self-assessment tool as part of a capacity building intervention may preclude its use for monitoring and evaluation purposes. Methodologies for assessing capacity and monitoring and evaluating capacity building interventions are still in the early stages of development. Experience of monitoring changes in capacity over time is limited. Documentation of the range of steps and activities that comprise capacity development at the field level is required to improve understanding of the relationship between capacity and performance, and capacity measurement in general. Finally, there are few examples of use of multiple sources of data for triangulation in capacity measurement, which might help capture some of the complex and dynamic capacity changes occurring within systems, organizations, program personnel, and individuals/communities.

TABLE 2: ASSESSMENT APPROACH

Assessment Approach		
Methodology	Self/ External Assessment	Single/ Multiple Instruments
Only Quantitative = 5 Tools	Self Assessment=10 Tools	Single Instrument = 4 Tools
Only Qualitative = 6 Tools	External Assessment = 2 Tools	Multiple Instruments =19 Tools
Quantitative + Qualitative= 12 Tools	Both =10 Tools	

Methodological challenges to measuring capacity relate to the inherent nature and role of capacity and capacity building interventions in the health sector. The capacity building cycle can make use of a wide range of tools and instruments from social research (like document analysis, site visits, interviews, surveys, discussion/focus group discussion) to form a process-driven methodology. As capacity and capacity building are contextual, i.e. are bound to the specific conditions of each region/each institution, the approach for conducting a systematic capacity building needs assessment should take these specific conditions into account, and select tools and instruments for the needs assessment process which are adjusted to the existing conditions. Essentially, each assessment process will look differently from another, in the same way as the resulting capacity building programs will look differently, and might use a different mixture of diagnostic tools and instruments. The scope of the assessment and the resources available will strongly influence the selection of tools and instruments to be used during the assessment.

Nearly one third of tools reviewed include administrative and legal environment aspect and one fourth include socio cultural, political and advocacy environment while doing the assessments. External factors represent the supra-system level and the milieu that directly or indirectly affects the existence and functioning of the public health organization. It incorporates phenomenon such as the social, political, and economic forces operating in the overall society, the extent of demand and need of public health services within community, social values. Inclusion of external factors in assessment tool demonstrates that organization is engaged in dynamic relationships.

TABLE 3: EXTERNAL COMPOSITE ATTRIBUTES

	External Factors	
	Administrative and Legal Environment	Socio Cultural, Political and Advocacy Environment
% Tools having External Factor Attributes	34.8	26.1

One fifth of organizational capacity assessment tools reviewed have mission and values attribute, and nearly 30% tools have leadership and 44% strategic management attribute in the tools. Governance of organization include its mission, values and goals is conceptualized as being carried out through the performance of the core functions of assessment, policy development and assurance. In this review leadership and strategic management is considered as a part of Governance. An organization's mission is its purpose, the reason it exists. It provides guidance, consistency, and meaning to decisions and activities at all levels. It answers the question, why do we do what we do. An organization's strategies are the broad approaches used to define the programs and activities that will fulfill the organization's mission and goals. The strategies answer the question, how will we get to where we want to go?

TABLE 4: GOVERNANCE ATTRIBUTES

	Governance		
	Mission and Values	Leadership	Strategic Management
% Tools having Governance Attributes	21.7	30.4	43.5

Inputs of any organization are the cumulative resources and relationship necessary to carry out the important processes of the organization. Inputs include the following components: organization structure, infrastructure, human and finance resources. Input refers to the programs, projects, and offices that make up an organization. Input answers the question, Are we organized in a way that facilitates what we want to do and where we want to go? The review reveals that human resource is vital composite attribute in 70% of tools, financial resources in 48%, organizational structure in 35% of the tools. Infrastructure attribute is available only in 9% of the tools.

TABLE 5: INPUT ATTRIBUTES

	Inputs			
	Organizational Structure	Infrastructure	Human Resources	Financial Resources
% Tools having Input Attributes	34.8	8.7	69.6	47.8

Measuring processes in terms of management system involves human resource management, financial management, monitoring and evaluation systems, logistics and supply systems, external relationships, service delivery, organizational learning. Processes answer the question, what helps us to carry out our activities? Human resource (HR) management attribute is integral part of nearly all the organizational assessment tools reviewed. Financial management and responsiveness to client/service delivery attribute is available in 65% of the tools. Half of tools have external collaboration/coordination attribute. Monitoring and evaluation and organization learning attribute is present only in one fourth of the tools reviewed. Logistics and supply system, sector wise strategy and quality assurance attributes are hardly part of less than 10% tools reviewed.

TABLE 6: MANAGEMENT PROCESS ATTRIBUTES

% Tools having Management Process Attributes	Management Process								
	HR Management	Financial Management	Monitoring and Evaluation Systems	Logistics and Supply System	External Collaboration/ coordination	Sector wise strategy	Quality Assurance /Control	Responsiveness to Client /Service Delivery	Organizational Leanings
	95.7	65.2	26.1	8.7	52.2	8.7	8.7	65.2	30.4

Experience elsewhere has shown that the process of assessing or measuring capacity is as important as the implementation of targeted capacity building initiatives, especially if the assessment process involves participatory group discussions, workshops and joint assessment exercises. The selection of tools and instruments must therefore be geared towards creating such discussion and learning opportunities for the members of an organization.

This review does not do justice to the richness of these tools, most of which provide sub-categories and/or indicators to give substance and meaning to the attributes. Another point worth noting is that many of these tools come with highly participatory suggestions as to how they are to be used. That is, the purpose

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often is not simply to judge an organization's capacity but rather to provide a learning tool for institutional self-understanding and a launching pad for capacity enhancement. In this approach, the study plays a facilitating role in determining the selection of capacity assessment tools in evaluating the organization. Differences in the design, content and management of organizational systems translate into the differences in a range of socially valued outcomes, such as health, responsiveness, or fairness. Decision makers at all levels need to quantify the variation in organizational system performance, identify factors that influence it and articulate policies that will achieve better results in a variety of settings. Meaningful, comparable information on organizational system performance, and on key factors that blind explain performance variation, can strengthen the scientific foundations of health policy at organizational levels.

REFERENCES

BOOKS

1. Charles Lusthaus, Enhancing organization Performance, International Development Research Centre 1999
2. Donabedian A. 1973. Aspects of Medical Care Administration. Cambridge, MA: Harvard University Press.
3. Durch, J. S., L. A. Bailey, M. A. Stoto and Institute of Medicine. Improving Health in the Community: A Role for Performance Monitoring. Washington, DC: National Academy Press. 1997
4. Durch, J. S., L. A. Bailey, M. A. Stoto and Institute of Medicine. 1997.Improving Health in the Community: A Role for Performance Monitoring.Washington, DC: National Academy Press.
5. Framework for Analyzing Program Characteristics and Defining Priorities for Action MSH 2008
6. Gold, M. R., J. E. Siegel, L. B. Russell and M. C. Weinstein (Eds) 1996.Cost-Effectiveness in Health and Medicine. New York: Oxford University Press.
7. Haddix, A. C., S. M. Teutsch, P. A. Shaffer and D. O. Dunet (Eds) 1996. Prevention Effectiveness: A Guide to Decision Analysis and Economic Evaluation. New York: Oxford University Press.
8. Health systems capacity building: a review of literature DGOS – AIDS IMPULS PROGRAM 97203 BVO Oct 2002
9. Jeryy VanSant, Frameworks for assessing the institutional capacity of PVOs Duke University
10. Kazandjian, V. A. and T. R. Lied. 1999. Healthcare Performance Measurement: System Design and Evaluation. 1st ed. Milwaukee: American Society for Quality Press.
11. KV Ramani,etal, Management Capacity Assessment for National Health Programs: A study of RCH Program in Gujarat State, ,IIMA India, 2007
12. Lichiello, P. 1999. Turning Point: Collaborating for a New Century in Public Health: Guidebook for Performance Measurement. University of Washington Turning Point National Program Office.
13. Turnock, B. J. and A. S. Handler. 1997. From Measuring to Improving Public Health Practice. Annual Review of Public Health 18, no. 2:261-282.

JOURNAL AND ARTICLES

1. A new look at health systems, Bulletin of the World Health Organization, 2000, 78 (6)
2. Aday, L. A. and B. E. Quill. 2000. A Framework for Assessing Practice-Oriented Scholarship in Schools of Public Health. Journal of Public Health Management and Practice 6, no. 1:38-46.
3. Arden Handler etal, A conceptual framework to measure performance of public health systeme, Am J of Public Health. 2001; 91: 1235-1239
4. Arden Handler, DrPH, Michele Issel, PhD and Bernard Turnock, MD, MPH, A Conceptual Framework to Measure Performance of the Public Health System, Vol 91, No. 8 American Journal of Public Health 1235-1239 August 2001
5. Assessing the Performance of Local Public Health Systems: A Survey of State Health Agency Efforts. Journal of Public Health Management and Practice 4, no. 4:63-78.
6. Barry, M. A. 2000. How Can Performance Standards Enhance Accountability for Public Health? Journal of Public Health Management and Practice 6, no. 5:78-84.
7. Barry, M. A. 2000. Measuring Public Health Performance: A Call to Action.(Editorial) Journal of Public Health Management and Practice 6, no. 5:v.
8. Bartlett, J., K. Hoover, C. Marques, P. Panzarino, I. Shaffer, H. Harbin and E.C. Ross. 1996. Performance Measures for Managed Behavorial Healthcare Programs. Behavioral Healthcare Tomorrow, June:53-56.
9. Bender, K., L. B. Landrum and J. L. Bryan. 2000. The Role of States in Ensuring Essential Public Health Services: Development of State-Level Performance Measures. Journal of Public Health Management and Practice 6, no. 5:26-30.
10. Christopher J.L. Murray & Julio Frenk,A framework for assessing the performance of health systems by Bulletin of the World Health Organization, 2000, 78 (6)
11. Corso, L. C., P. J. Wiesner, P. K. Halverson and C. K. Brown. 2000. Using the Essential Services as a Foundation for Performance Measurement and Assessment of Local Public Health Systems. Journal of Public Health Management and Practice 6, no. 5:1-18.
12. Crane, A. B. and S. Ginsburg. 1996. Evaluation in the Health Resources and Services Administration: Improving Program Performance. Evaluation in the Health Professions 19, no. Sept:325-341.
13. Donabedian, A. 1980. Explorations in Quality Assessment and Monitoring: The Definition of Quality and Approaches to its Assessment. Vol 1. Ann Arbor,Michigan: Health Administration Press.
14. Dyal, W. W. 1995. Ten Organizational Practices of Public Health: A Historical Perspective. American Journal of Preventive Medicine 11, Suppl. 2:6-8.
15. Gerzoff, R. B. 1997. Comparisons: The Basis for Measuring Public HealthPerformance. Journal of Public Health Management and Practice 3, no.5:20-21.
16. Habicht, J. P., C. G. Victora and J. P. Vaughan. 1999. Evaluation Designs for Adequacy, Plausibility and Probability of Public Health Programme Performance and Impact. International Journal of Epidemiology 28, no. 1:10-18.
17. Halverson, P. K., C. A. Miller, A. D. Kaluzny, B. J. Fried, S. E. Schenck and T. B. Richards. 1996. Performing Public Health Functions: The Perceived Contribution of Public Health and Other Community Agencies. Journal of Health and Human Services Administration 18, no. 3:288-303.
18. Halverson, P. K., R. M. Nicola and E. L. Baker. 1998. Performance Measurement and Accreditation of Public Health Organizations: A Call to Action. Journal of Public Health Management and Practice 4, no. 4:5-7.
19. Harris, J. R., B. Caldwell and K. Cahill. 1998. Measuring the Public's Health in an Era of Accountability: Lessons from HEDIS. Health Plan Employer Data and Information Set. American Journal of Preventive Medicine 14, no. 3 Suppl:9-13.
20. Mason, K. P., D. Barber, L. Beitsch, M. Grigg, R. Hopkins, C. S. Mahan and D. Speake. 1997. Key Elements for Developing a Successful MCH Program Focused on Quality and Health Status Outcome Indicators. Journal of Public Health Management and Practice 3, no. 5:16-17.
21. Mays, G. P. and P. K. Halverson. 2000. Conceptual and Methodological Issues in Public Health Performance Measurement: Results from a Computer-Assisted Expert Panel Process. Journal of Public Health Management and Practice 6, no. 5:59-65.
22. Performance Management in Public health A literature Review 2nd series Turning Point resources on performance management

ONLINE RESOURCES

1. Godfrey, B., D. Berwick, and J. Roessner (undated).. How Quality Management Really Works in Health Care. Accessed on Feb 25, 2010 Available at http://www.juran.com/research/back_articles.html.
2. National Association of County and City Health Officials. 2000. Mobilizingfor Action through Planning and Partnerships (MAPP). Accessed on March 1, 2011 Available at http://www.nacchoWeb.naccho.org/mappwelcome.asp.
3. Measuring capacity building MEASURE 2001; accessed on March 1, 2011 Available at www.measure.org

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